

of children try their first cigarette before age 13, 19.7% drink alcohol before age 13, and 8.3% smoke marijuana or use other drugs before age 13.¹¹¹ The Task Force thought it was important to encourage physicians to screen youth and adolescents to identify those who have begun to experiment with or use any of these substances. Once identified, providers should counsel these youth to encourage them to stop using these substances or refer them into more intensive treatment services. Medicaid and NC Health Choice should begin to cover annual wellness visits for children and adolescents in order to remove any financial barriers which prevent these youth from seeking care. Thus, the Task Force recommends:

Recommendation 4.11

The North Carolina General Assembly should direct the Division of Medical Assistance and NC Health Choice program to provide coverage for annual wellness visits for children and adolescents.^{ccc} The wellness visit should include but not be limited to:

- (a) An annual psychosocial behavioral assessment.**
- (b) An annual screening for tobacco, alcohol, and drug use, beginning at age 11.**
- (c) Brief intervention and/or anticipatory guidance at the time of screening.**

North Carolina has also developed other promising practices to help address the mental health needs of patients in primary care practices. These models involve co-locating licensed mental health professionals in a primary care practice or, conversely, locating a primary care provider in a mental health practice. Individuals identified with mental health problems can be directly referred to the licensed mental health practitioner who is located in the same facility. Co-location facilitates appropriate referral and treatment and improves coordination of care between the primary care provider and the licensed mental health professional.¹¹² Patients who are treated in an integrated care setting are more likely to receive preventive care and experience improved health outcomes.^{113,114}

The North Carolina General Assembly appropriated \$1.2 million in nonrecurring funds in SFY 2008 to the North Carolina Office of Rural Health and Community Care (NCORHCC) to support and expand co-location of licensed mental health professionals with primary care providers. There are currently 44 primary practices across the state that received state funds to develop mental health co-location models. Currently, only 1 of these practices focuses on addressing the

^{ccc} This follows the American Association of Pediatrics recommended wellness screening.

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Wellness visits should include an annual screening for tobacco, alcohol, and drug use, beginning at age 11